

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) y is necessary, I director. Page or your files. a. COUNTY b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give magast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in ò hospital, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained State YES NO NAME OF Middle 4. DATE Month Dey Yeer death. If an DECEASED OF Φ (Type or print) DEATH 19 2 with 5. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED | MEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months WIDOWED 2, and and and ... DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY 8. Give Pages 1, 7 form PM3. Page done during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) with and 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN Office along removal 2 burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO ò Conditions, if any, which cremation, gave rise to Immediate cause "pending" Ø Examiner's **DUE TO** 95 (e), stating the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION burial, PERFORMED? 9 Medical NO 1 YES pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | writing to Chief A Page 3 st CAUSE OF DEATH. MEDICAL Page 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) fectory, street, office bldg., atc.) While Not While Hour e.m. forwarded to the et work et work certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner the CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE its 8 DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S pluods NAME (Type) Address (Street, city, town, or county) please 4 shoul O FUN Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Ö 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63

the office

(R)	Division of STATISTIC		PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
1)	08094	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08081
after death.	1. PLACE OF DEATH 0. COUNTY DORCHESTER	MARYLAND	o. STATE MD.	ed, if institution: Residence before odmission) b. COUNTY Q • A •
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CAMBRIDGE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and give nearest town)
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in EASTERN SHORE STATE HO		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) RICHA	Middle ARD TILDEN	BAXTER 4. DATE OF DEATH	Month Doy Year JUNE 27 167
		MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE 12/22/75 9.1	(In years birthdoy)
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME RICHARD BAXTER		14. MOTHER'S MAIDEN NAME  WILHEMENA CARMI	NE
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of se	rvice)	NFORMANT OSPITAL RECORDS	Address
burial, cremotion, or removal,	1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	per line for (o), (b), ond (c).)  ERMINAL PNEUMONI	A	INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
V	QOH7 DUE TO Conditions, if ony, which gove ) (b)	FRACTURE NECK L.	FEMUR	5 MO.
	rise to immediate couse (a), stating the underlying couse last.			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN F	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of	item 1B.)
	20c. TIME OF INJURY Month, Doy, Yeor Phour o.m. L-2-67 <sub>19</sub>		4 . III . 111	or town) (County) (State)  RIDGE DOR. MD.
		f the remains described above, he		, Inquiry , and in my apinion
s designated	ACTUAL SIGNATURE LOCAL MAINTENANCE SIGNATURE	Accident My Solid	CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	
Heolth or its	EXAMINER'S JOHN MACE	JR.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cou	6/27/67
0	230. BURIAL, CREMATION, 23b. DATE THEREC			V (City or Town) (County) (Stote)  NSVILLE MARYLAND
M	24 FUNERAL DIRECTOR	Charles   ADORESS   ADORESS	250. REC'D BY REGISTRAR DATE DATE	2Sb. REGISTRAR'S SIGNATURE
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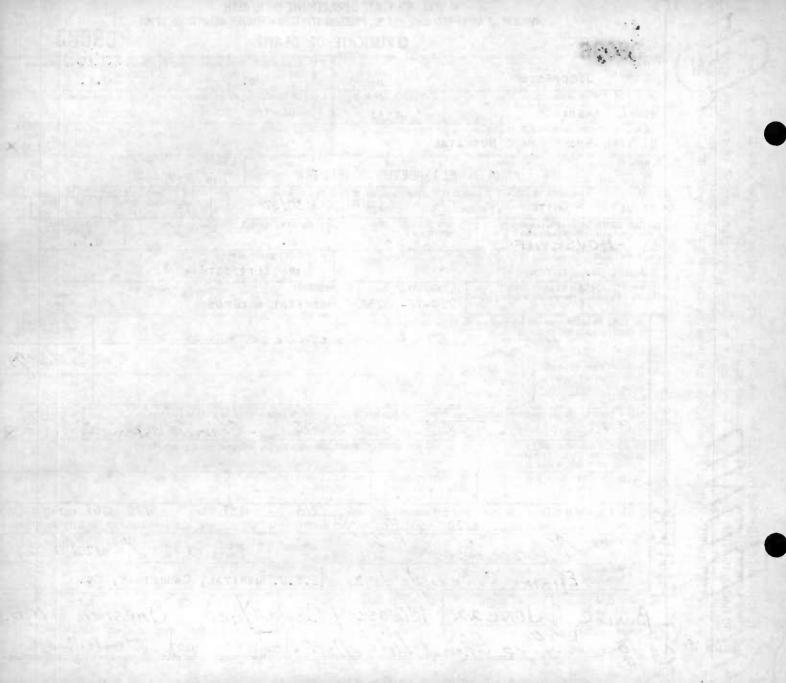
### MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		5	CERTITION	AL OF DEATH		00000
	1. PLACE OF DEATH o. COUNTY	OORCHESTER	MARYLANI	o. STATE	h con	tion: Residence before odmission)
	b. CITY OR TOWN write RURAL o	(If outside corporate limits and give nearest town) 1BRIDGE		c. CITY OR TOWN (If out	side corporate limits, write RU	IRAL ond give neorest town)
			7 WEEKS	d. STREET ADDRESS		e. IS RESIDENCE
13		HORE STATE		d. SIKEE ADDRESS		ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Fir ANN		BENTON Lost	4. DATE Mon OF JUNE 2	
	S. SEX FE MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 5/30/92	9. AGE (In years last birthdoy)	Months Doys Hours Mir
	during most of working	ON (Give kind of work done og life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	BENTON		14. MOTHER'S MAIDEN N		
		VER IN U.S. ARMED FORCES? (If yes give wor or dotes or	16. SOCIAL SECURITY NO. 220-16-9923A	17. INFORMANT HOSPITAL REC	Addr	ess
	1B. CAUSE OF PART 1. DE	DEATH (Enter only one coun ATH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for (o), (b), and (c).)	meunu	rua	INTERVAL BETWEEN ONSET AND DEATH
/	490	DUE				5 days
	Conditions, if on rise to immedia stating the und last.	ote couse (o), derlying couse	(b) TO (c)			
2	PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CON	Chrimes & May	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTION	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	Port I or Port II of item 18.)	
	Hour o	UURY Month, Doy, Year o.m. 19	20d. INJURY OCCURRED 20e While Not While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	, 20f. (City or town)	(County) (State)
		t <b>ify</b> that (I) (this has deceased <del>aliv</del> e an	oital) attended the deceased fram 6/20 19_67, and			20 , 19 <u>67</u> , that (I) (we) and an the date stated abo
	22o. SIGNATUR	Lefere	duse?		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 6/20/67
	22c. PHYSICIAN NAME (Typ		C. Fernandez	22d. ADDRESS E.S.S. Hose	PITAL, CAMBRID	GE, MD.
	230. BURIAL, CREMATEMOVAL (Speci		REOF 23c. NAME OF CEMETERY	ey CHURCH)		own) (County) (State) HESTER MD
120	24. FUNERAL DIRECT	TOR J 4	P ADDRESS OF	M		EGISTRAR'S SIGNATURE

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

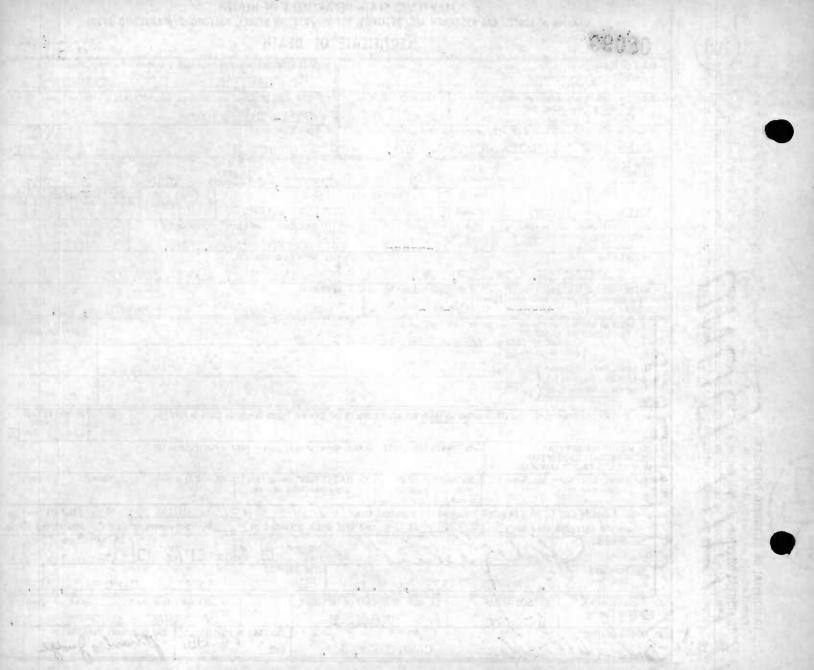
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funera 1 and 2 er death.		PLACE OF DEATH O. COUNTY DO:	rchester		MARYL	LAND	2. USUAL RESIDENCE ( a. STATE Mary		d, if institution b. COUNTY		
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within 24 hour		d. NAME OF HOSPITA	at or institution (if no e Maryland	ot in hospital, o	ive street address)		d. STREET ADDRESS 501 Rad	liance Dri	.ve		ON A FARM?
I within		NAME OF DECEASED (Type or print)		rst DRENCE	Middle	BROWN	Last	4. DATE OF DEATH	Manth Ju	ne 27	
ate be executed within 24 ician and campletely filled lease remave carbon pape and in any event, within 7	5. H	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	W 1 2	DATE OF BIRTH	.882 9. AGE lost		IF UNDER 1 YEAR Manths Days	
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certifica physic hen ple naval, c	13.	FATHER'S NAME	J. Ben H	Brown			14. MOTHER'S MAIDEN Laura		)		
that the death certificate E an. by the attending physician transit permit. Then please crematian, or remaval, and	15. (Ye	WAS DECEASED EVE s, no, ar unknown) No	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service) 16. 1	SOCIAL SECURITY NO.		FORMANT ss Mabel Wr	ight, Cam	Address abridge	, Mary	land
iat the in the all nist pe		18. CAUSE OF DE PART I. DEAT	ATH (Enter anly ane cau H WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), and (c).)  Internal	Hemo	rhage				NTERVAL BETWEEN INSET AND DEATH
equires that the physician. signed by the burial-transit burial, cremati		4672. Conditions, if any,	DUE which gave )				of Esophage	al Varice	98		
e law required the law required is the prior to but the prior to but the prior to but the prior to but the law the prior to but the law the la		rise to immediate stating the under last.		TO (c)							
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spital a spital a ertificate ed far af Hea	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DE	SCRIBE HOW INJURY OCC	CURRED. (E	inter noture of injury in	Port I or Port II of i	tem 18.)		
DING PHYSIC I by the haspit After this certified defacted State Dept. af	MEDICAL	20c. TIME OF INJU Hour o.n	10	20d. IN While at work	Mat While		OF INJURY (Hame, formally, street, affice bldg., etc.		ar tawn)	(County)	(State)
rendin ned by rend be tuld be the Sta		21. I certif	y that (1) (this hos	pital) attend	led the deceased f	ram nd that	4-2-56 , death accurred at	19, to	-27-67 n causes an	7, 19, 1 d an the da	hot (I) (we) lost te stated obove.
e retain e retain IRECTOI 3 shau d with t		22a. SIGNATURE	Chro	Bri	nter	~ ∧ M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after dea		22c. PHYSICIAN'S NAME (Type)	ALBERT E.	BUNKER				/e.,Cambri			1 21613
Page A direct		BURIAL, CREMATIC REMOVAL (Specify) Burial	June 2	EREOF 9 1967			h Cemetery		idge, 1	Marylan	nd
VR A15 (4)	1 24 L	FUNERAL DIRECTO	Funeral Ser	vice,	ADDRESS Cambridge,	Mary	land 250. REC	D BY REGISTRAR	2Sb. REGIS	STRAR'S SIGNATI	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACEOFFER funer and USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE after P MARYLANO HOX b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) mpletely filled in by tarbon papers. Page ent, within 72 hours a (m d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO L NAME DF OECEASEO First Middle DATE Day Year Month OF DEATH (Type or print) 19 and con 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. DATE OF BIRTH 7. MARRIED [ NEVER MARRIED any WIDOWEO [ DIVORCEO [ physician a n please re val, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRT HPLACE (County & State, or foreign country) death certificate be Keeper None Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova transit permit. Then, cremation, or re-Charles Cahall Catherine Chiffins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Unknown Louise Hughes Clayment. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. MYOCARDING MINUTE: INFARCT 10 W signed l Jins Speed Street Street Speed Street Speed Speed Speed Speed Street Speed Spe 420 DUF TO BISEASE YEARS Conditions, If any, which ARTERIOSCLEPOTIO CHADIO VASCULAR gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES NO V 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of I S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While at work After Not While at work retained DIRECTOR: Alige 3 should led with the S 19 6 7, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1967 saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED pe ATTENDING STAFF PHYS. 6-29-67 DIRECTOR M.D. FUNERAL director, p 22c. PHYSICIAN'S 22d. ADDRESS 30× 386 MSCARTER NAME (Type) 19 MES MARYLAND CHRIBRIDGE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Buria. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Greensbere FUNERAL DIRECTOR 25a. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08093 CERTIFICATE OF DEATH tificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH Shysician and campletely filled in by the funeral on blease remave carban papers. Pages I and a. COUNTY a. STATE b. COUNTY DORGHESTER DORCHESTER MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RURAT CAMBRIDGE CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? carban papers. within 72 CAMBRIDGE MARYLAND HOSPITAL. YES NO TO CORDTOWN NAME OF 4. DATE Manth First Last Day Year DECEASED OF ROBERT (Type or print) HENRY DEATH TIME AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths last birthday) Hours WIDOWED X EB. 17. 1887 DIVORCED MALE NEGRO 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) INDUSTRY COUNTRY? DORCHESTER CO. MD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys CHESTER. HARRIETT ANNE JACKSON 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, ng\_or unknawn) (If yes give war ar dates af service) 214-07-9531 FRANCES BROWN CORDTOWN. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL RETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Gangrene of left leg requires that IMMEDIATE CAUSE (a) DUE TO burial, Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X the haspital ar lar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Nat While factory, street, affice bldg., etc.) at wark be retained by 21. I certify that (I) (this haspital) attended the deceased from May 22 196/, ta June 6, 19 6,7that (1) (we) last sow the deceased alive on June 6. 1967, and that death occurred at \_\_\_\_\_M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR X M.D. PHYS. PHYS. June 10. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FASSETT HTGH STREET shauld directar 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, BURYAL (Specify) 6/10/67 2501 REGID BY REGISTRAR 24. EUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 CAMBRIDGE, MD. DATE



Federalsburg, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08101 CERTIFICATE OF DEATH 08030 death OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death funeral I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Pages I MARYLAND b. CITY OR TOWN (If outside carparote limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) hours Centreville Rural Preston .⊑ papers hin 72/h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled and in any event, within YES NO NAME OF First remave carban Middle 4. DATE Month Last Day Year DECEASED 0F (Type ar print) Cole June I3 19 67 6. COLOR OR RACE DEATH men S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Days Hours WIDOWED X DIVORCED 6-I3-I883 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) please **INDUSTRY** COUNTRY? physician Queen Anne Retired
13. FATHER'S NAME Usa 14. MOTHER'S MAIDEN NAME ar removal. attending phy-Ja mes Edward Cheers Mary Anthony 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates at service 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 093-26-9944 John Anthony RFD Centreville no burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Acute Cardiac Fibrill atton Decopensation c auricular IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. Chronic Congestiv4 Heart Failure sobrol Conditions, if any, which gave ed rise ta immediate cause (o). DUE TO stoting the underlying couse the Marked Aprtit Insufficieney 15yrs 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health Cerebrovascular Acitteant (hemorhage) YES [ NO\_ DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) foctory, street, affice bldg., etc.) Nat While at work ot work 21. I certify that (1) (this haspital), attended the deceased fram. . 19\_\_\_\_, that (1) (we) last and that death accurred aL2P saw the deceased alive an 61 M. fram causes and an the date stated above 220. SIGNATHRE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) P.O. Boc#158 Pr ston Maryland Tummen 23b. DATE THEREOF 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) (Caunty) REMOVAL (Specify) 0 Centreville nne 24. FUNERAL DIRECTOR

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remay carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event within 72 haurs after deaf Page 4 may be retained by the haspital ar attending physician.

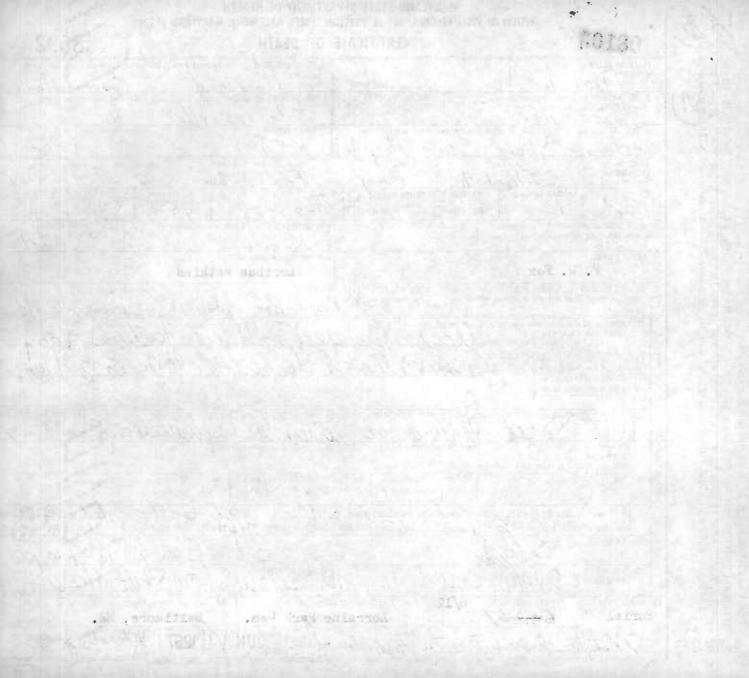
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.	PLACE OF DEATH o. COUNTY	ORCHESTER			2. USUAL o. STAT	RESIDENCE (V	Where dece	osed live	d, if institut b. COU	VTV			m) /
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	write RURAL and	give nearest town)	īs,	2 MO.	11	R TOWN (If ou	itside corpo	rote limit	s, write KUI	KAL ond gr	ve neores	r town)	
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	NAME OF												NO L
	DECEASED (Type or print)	MOLL	irst 1E	Middle C •	FON TAI		4. DATE OF DEAT		JUNE	16	Doy	19 (	67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF			9. AGE	In years	IF UNDER Months	Doys	IF UNDER Hours	24 HRS. Min.
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	o. USUAL OCCUPATION ring most of working HOUSE WO			ND OF BUSINESS OR DUSTRY	11. BIRTH	PLACE (County		foreign co	untry)	C	OUNTRY?		
13	. FATHER'S NAME	N.K.			14. MOTH	ER'S MAIDEN N	-						
	JAMES CO	TTMAN			FANN	IE -							
		R IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO. 1	7. INFORMANT	ITAL R	ECORE	25	Addre	ess			
	1B. CAUSE OF DE PART I. DEAT	EATH (Enter only one court was caused by: IMMEDIATE CAUSE		50), (b), and (c).)	meu	neste	ia					ERVAL BET	WEEN EATHS
	Conditions, if ony,	201	E TO	Comil	A C. C.	hexi	7				1	u.o.	G 4
	rise to immediat	e cause (o),	(b)	,0.00	cuo	100 KI	4		-		-	of the	
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		GNIEICANT CONDITIONS	(c)	TO DEATH BUT NOT RELATED	TO THE TERMINA	I DISEASE COA	IDITION GI	VEN IN D	APT 1/a)		1 19	OTILA ZAW	PSY
NOI	TAKI II. OIIIEK SI	SMILICANT CONDITIONS	CONTRIBUTING	TO DEATH DOT NOT KEERIED	TO THE TERMINA	IL DISLASE COL	DITION OF	VEIN 111 F7	aki i(u)			WAS AUTO PERFORMI ES	ED?
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MEDICAL		MEDICAL EXAMINER)  JRY Month, Doy, Yeor	20d. II While		PLACE OF INJUR foctory, street, or			(City	or town)	(C	ounty)	(	Stote)
>	p.n		ot wor	k L of work L ]					- 1-		-		
			spital) attend	ded the deceased fram			967	ta	6/10	5, 19.	67, th	at (I) (v	we) la:
	saw the de	eceased alive on_	0/10	19 <u>_67</u> , and t	inat death o	ccurred at,	1-1	WI, Tran	causes	and on	The date	stated	above
	220. SIGNATURE	Carlo	FI	acun			MED. DIRECTOR		TAFF PHYS. $\Box$		6/16		
	22c. PHYSICIAN'S NAME (Type)		os F.	BARRI		.S.Hos	PITAL	., C#	MBRII	DGE,	Мо.		
23	o. BURIAL, CREMATIC		HEREOF	23c. NAME OF CEMETERY	OR CREMATORY		23d.	LOCATION	(City or Ta	wn)	(County	) (5	tote)
R	REMOVAL (Specify BUR	16/25/	67	MANOKI	N				SOI	MERSE	T CO	1	MD_
2	4. FUNERAL DIRECTO	R//////	4.	ADDRESS		2So. REC'D	BY REGIS	TRAR	2Sb. RE	GISTRAR'S	STGNATUT	1	and B
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08092 The law requires that the death certificate be executed within 24 hours after death. funerol and, deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY MARYLAND by III. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest tawn) 0010 Vensvi illed in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled YES NO corbon NAME OF Middle 4. DATE OF Month Doy Year DECEASED 19 6 (Type or print) DEATH 6 S. SEX 6. COLOR OR RACE IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours and in any WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, F. W. Fex Lucinda Watkins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 216-05-01954 cremation, 18. CAUSE OF DEATH (Enter only one couse per lige INTERVAL BETWEEN (b), ond (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o ò DUE TO signed burial Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Poge 4 may be retoined by the hospital or attending this certificate has been s snauld be detached for use as the with the State Dept. of Health prior to (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter hoture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office blda., etc.) Not While at work ot work 21. I certify that ## (this haspital) attended the deceased fram 1967 ta(0 TO FUNERAL DIRECTOR: saw the deceased alive an la and that death accurred alling M, fram causes and an the date stated above. 22o. SIGNATURE STAFF M.D. DIRECTOR PHYS 22c. PHYSICIAN'S directar, pa should be f NAME (Type) 23o. BURIAL CREMATION. 6/1223c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (Stote) BREMOVAL Specify) Lorraine Park Cem. Baltimore, Md. ADDRESS



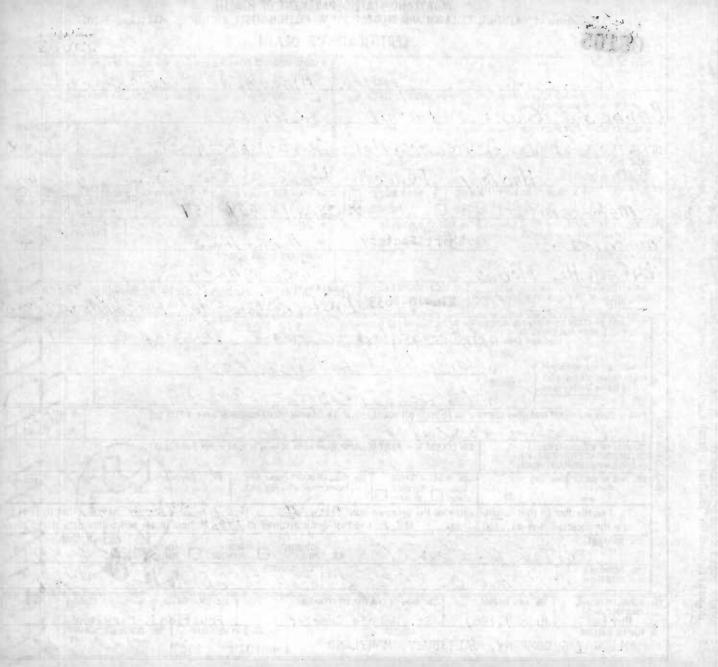
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE		USIUS MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	00090
HEALTH DEPT.		PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Dist. Columbia b. COUNTY	before odmission)
ath. If any delay is ages 1, 2, and 3 to ith farm PM3. Page State Department of		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  Rural—Cambridge  c. LENGTH OF STAY IN 1b  One day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Washington	neorest town)
es 1, 2, farm farm fre Depo		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  RFD #3, Cooks Point Road	d STREET ADDRESS 114 Varnum Street, N.E.	e IS RESIDENCE ON A FARM? YES NO
\$ a ≥ a		NAME OF First Middle DECEASED (Type or print)  JAMES Wooding HIN	DEATH OULD 2	Doy Year 19 6 <b>7</b>
oth.		Male White WIDOWED DIVORCED	59 Yrs.	Doys Hours Min
14 the shape of th		USUAL OCCUPATION (Give kind of work gone on most of working life even if retired)  FATHER'S NAME	VD VV V	ZEN OF WHAT
d within 24 in pencil in Examiner's File pages 1 2 haurs afte		James Hines	14. MOTHER'S MAIDEN NAME Grace Dampier	
0 =	(Ye	s, no, or unknown) (If yes give wor or dotes of service) 577-01-6921 Mr	s. J. W. Hines, 114 Varhum St., Washington, D.	C
ward "pe ward "pe the Chief rial-transii my event		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Coronary occlus  H20/  DUE TO  Conditions, if ony, which gove )  (b)	ion	INTERVAL BETWEEN ONSET AND DEATH Instan
ficate ting the rded traded to as a and in		rise to immediate couse (o), stating the underlying couse lost.		
: This certi tiflicate, writ Id be farwar uld be used ar removal,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY PERFORMED? YES NO
INER: This e certificate, should be felies. 3 should be to should be t		PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 18.)	
AL EXAMINER: execute the certifur. Page 4 shauld far your files.  OR: Page 3 shau ial, crematian, a	MEDICAL	Hour o.m. 19 While of work of otwork of the	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (Cour	nty) (Stote)
MEDICAL E please exect director. Pastained for DIRECTOR: to burial, o		21. I certify that I took charge of the remains described above, he death resulted from: Natural causes , Accident , Sui	icide, Hamicide, Undetermined manner	and in my apini
		ACTUAL SIGNATURE Somme Inches	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER  6/19/67	22. DATE SIGNE
necessary, p necessary, p the funeral is 5 may be re 70 FUNERAL I Health priar	230	EXAMMETES MAME (1/10) John Mace Jr. M.D.  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	Address (Street, city, town, or county) Cambrid	Ige, Md. County) (State)
5 = 2 5 = 0	15	real June 22, 1967 Fort Lincol	n Cemetery Prince Georges Co	Marylan
VR A15ME (5)	WE	erner Pumphrey, 8434 Georgia Ave., Spri	ng, Md. DATJUN 2 2 1967 Scharle	Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08105 CERTIFICATE OF DEATH 08094 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Vicamico o. COUNTY MARYLAND X ve corbon papers. Pages 1 eyent, within 72 hours after PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b, CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street, oddress) d. STREET ADDRESS 306 ELINA NO X NAME OF Year DECEASED OF DEATH AUCIS (Type or print) 9. AGE S. SEX 6. COLOR OR RACE in any eye NEVER MARRIED erthday) Manths Days Hours DIVORCED 🔀 WIDOWED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? leose Shirt Factory and 13. FATHER'S NAME 14. MOTHER'S MAIDEN buriol, cremation, or removol, ARC 16. SOCIAL SECURITY NO. Hobbs (Son) 405 "Newton Terrace (Yes, no, or with nown) (If yes give wor or dotes of service) 216-10-1833 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use should be filed with the State Dept. of Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Not While factory, street, office bldg., etc.) at work 19 67, ta June 4, 19 67 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from May 4, 19 67, ta Sieve 4, 19 67 that (1) (we) last saw the deceased alive an Sieve 4, 19 67, ond that death accurred of 1860 M, from causes and an the date stoted obove saw the deceosed alive an June 14 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State REMOVAL (Specify) Fruitland, Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE June 7, 1967 St. John's Cemetery Burial VR A15 (4) 20 M 1/66 Munice Judge HOLLOWAY & COMPANY, SALISBURY, MARYLAND



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	Division of STATISTICAL RESEARCE	CH AND RECORDS, 301	W. PRESTON STREET, BA	ALTIMORE, MARYLAND	21201
23	08107	CERTIFICATE	OF DEATH		08098
	1. PLACE OF DEATH  o. COUNTY DORCHESTER	MARYLAND	2. USUAL RESIDENCE (Where do. STATE MARYLAN		tesidence before odmission
	write RURAL and give nearest town) RURAL CAMBRIDGE	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside ca		nd give nearest tawn)
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give EASTERN SHORE STATE HOSPITAL		d. STREET ADDRESS  ROUTE 3		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) MARGARET	Middle J	Last 4. DA		13 Poy Year 19 67
	S. SEX 6. COLOR OR RACE 7. MARRIED X FEMALE NEGRO WIDOWED X	,	DATE OF BIRTH		JNDER I YEAR   IF UNDER 24 HRS. nths Days Haurs Min.
	10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWORK	OF BUSINESS OR STRY	11. BIRTHPLACE (County & State,	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME -MNK/NOWN		14. MOTHER'S MAIDEN NAME HENNIE GASSA	WAY	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunknown) (If yes give wor or dates af service)		NFORMANT SPITAL RECORDS	Address	
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  33/X  DUE TO	elisel Vci	seulera	cartent	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Hour o.m.  100. Hour o.m.	IBE HOW INJURY OCCURRED. (	Enter noture of injury in Part I a	r Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o.m. 19 While at work	Nat While focto	E OF INJURY (Hame, farm, pry, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) attended saw the deceased alive an JUNE 13	the deceased fram	FEB. 27 , 19 67 death accurred at	_M, from causes and	, 19 <u>67</u> , that (I) (we) last on the dote stoted obove
	220. SIGNATURE Cherupus	2 ) M.D	111101	STAFF rest	22b. DATE SIGNED 6/13/67
1	22c. PHYSICIAN'S NAME (Type) E. C. FERNANDEZ	7		AL, CAMBRIDGE	, MD. Why
	BILA: 41 6-16-67	23c. NAME OF CEMETERY OR C	REMATORY 230 TAPEL 13	E. LOCATION (City or Town)  F.D. GEIVTH	(County) (Stote)
8	24. FUNERAL DIRECTOR	ADDRESS	JUNET 9 RE	1967 JECEGISTRA	AR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY COUNTY Pages 1 Dorchester Maryland Dorchester MARYI AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a Days Church Creek Cambridge .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE d. STREET ADDRESS ON A FARM? Cambridge-Marvland Hospital YES Rural NO completely carbon NAME OF First DATE Middle Last 4. Month Day Year DECEASED event, (Type or print) DEATH 19 Reba June 9 Jones 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS етоме last birthday) | Months | Days Hours and any Female White WIDOWED Aug. 7.189 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ician ase r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Homemaker Church Creek II S certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Frank E. Vickers Jones attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. death 5 (Yes, no, or unkown) (If yes give war or dates of service) cremation, Howard C. Jones Church Creek Md. the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) à EMORRHAGE REBRAL attending physician. DAYS signed urial-tra been s.
the buria.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08099 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEAT a. COUNTY o. STATE b. COUNTY Dorchester and 3 to Poge Dorchester Maryland MARYLAND deloy b. CITY OR TOWN (If autside carporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) PM3 write RURAL and give nearest tawn) Cambridge. Cambridge 15vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address IS RESIDENCE ON A FARM? d. STREET ADDRESS form 612 Chesapeake Ct. Chesapeake Court ·NOX Item 18. Give Poges **EXAMINER:** This certificate should be executed within 24 hours ofter death. Office along with NAME OF Middle 4 DATE Year DECEASED OF DEATH Willie Lawrence 67 June (Type or print) 19 S SEX 9. AGE (In years JE UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8, DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED last birthdoy) Months Days Hours Male Negro Sept. death. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af work dane 11. BIRTHPLACE (State or fareign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) USA ? **INDUSTRY** Virginia
14. MOTHER'S MAIDEN NAME Laborer 2 in pencil Chief Medical Exominer 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address "pending" any event within Susie Douglas, Cambridge, Md No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSELAND DEATH t IMMEDIATE CAUSE (a) Congestive heart failure e, writing the word forwarded to the Ch DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), H DUE TO stating the underlying cause 0 pup nsed WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION please execute the certificate, YES X NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 3 should PRIMARY ar CONTRIBUTING cremotion, or CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) Hour a.m. factory, street, affice blda., etc.) Nat While FUNERAL DIRECTOR: Poge of work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection Inquiry and in my apinian Health prior to buriol, Natural causes x death resulted from: Accident Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/8/67 DEPUTY MEDICAL EXAMINER EXAMINER'S Cambridge. Md. NAME (Type) John Mace Jr. M.D. Address (Street, city, town, or county) 230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) 23d, LOCATION (City or Town) (County) 0 REMOVAL (Specify) Cambridge. Dor .. Bethel Cemetery Buria. 250, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Cambridge, Md. VR A15ME (5) St. Clair FuneralCo. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08100 CERTIFICATE OF DEATH 08111 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Dorchester physician and campletely filled in by the fur en please remove carbon papers. Pages 1 Maryland Dorchester MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) papers. Fug. 72 hours a write RURAL and give nearest town) Rural - Cambridge 50 Yrs. Rural - Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO THE Cambridge Maryland Hospital RFD 3. NAME OF Middle 4. DATE Lost Month Day Year DECEASED Mamie June 1967 (Type or print) Elizabeth T.ee DEATH vent, 9. AGE (In years lost birthday) SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Dovs Haurs WIDOWED TO DIVORCED Negro Female. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Talbot County, Md. Laborer Domestic 13. FATHER'S NAME John Moaney Julia Bolden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor ar dotes af service) 212-32-29L7A Hester Stanley, RFD 2, Cambridge No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cardiac de INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Cardiac decompensation DUE TO Arteriosclerotic heart disease Canditians, if any, which gave rise ta immediate cause (a). DUE TO **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital ar attending **TO FUNERAL DIRECTOR:** After this certificate has been stoting the underlying couse as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? far use NO YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) (State) foctory, street, office bldg., etc.) Nat While While Nat While 1907 to June 13, 19 0 (that (1) (we) lost dune 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on June 13 19 67, and that death accurred at M, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. June 15, 1967 PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) T STREET CAMBRIDGE. MD. FASSETT. 623 HIGH director, I shauld be 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Cordtown Cemetery Dorchester County 25a. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Munices 1967 Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08101 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, and 3 ta PM3. Page a. COUNTY Dorchester Maryland b. COUNTY Dorchester 2 artment of MARYI AND delay b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) about 60 vrs Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 120 Mill Street 120 Mill Street e, writing the ward "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with town Stare L NO X be executed within 24 hours after death. 3. NAME OF First Middle DATE Year DECEASED ROBERT MATTHEWS H. June 19 19 67 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Haurs White Male Sept. 27, 1884 72 hours after death WIDOWED X DIVORCED File pages 1 and 2 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired)
Realtor-Ins. Broker Real Estate - Ins. COUNTRY? Fairmount, Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Sewell Matthews Margaret Esther Dobson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes of service) Donald E. Matthews, Cambridge, Maryland within unk 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY ANSE PAR BEATH Coronary Occlusion IMMEDIATE CAUSE (o) This certificate shauld DUE TO any Canditians, if any, which gove rise to immediate cause (a). 5 DUE TO stoting the underlying cause Ö. and 90 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remayal the certificate, NO X shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 should 0 PRIMARY ar CONTRIBUTING CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) ot work ot work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection 🛣 Inquiry . ond in my opinion FUNERAL DIRECTOR: deoth resulted fram: Natural couses x , Accident , Suicide , Homicide Undetermined manner funeral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 6/20/67 DEPUTY MEDICAL EXAMINER X EXAMINERS Address (Street, city, town, or county) Cambridge. Md. ealth NAME (Type) John Mace Jr. M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL EREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) 0 REMOVAL (Specify)
Burial June 21, 1967 Greenlawn Cemetery Cambridge, Maryland 250. REC'D BY REGISTRAR 967 256. 24. FUNERAL DIRECTOR VR A15ME (5 LeCompte Funeral Service, Cambridge, Maryland 6M 1/67

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REMOVAL (Specify) FUNERAL DIRECTOR

23o. BURIAL, CREMATION,

22c. PHYSICIAN'S NAME (Type)

FASSETT

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY SALEM

23d. LOCATION (City or Town) 2Sq. REC'D BY REGISTRAR 2Sb.

REGISTRAR'S SIGNATURE

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ON A FARM?

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IF UNDER 24 HRS.

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INTERVAL BETWEEN

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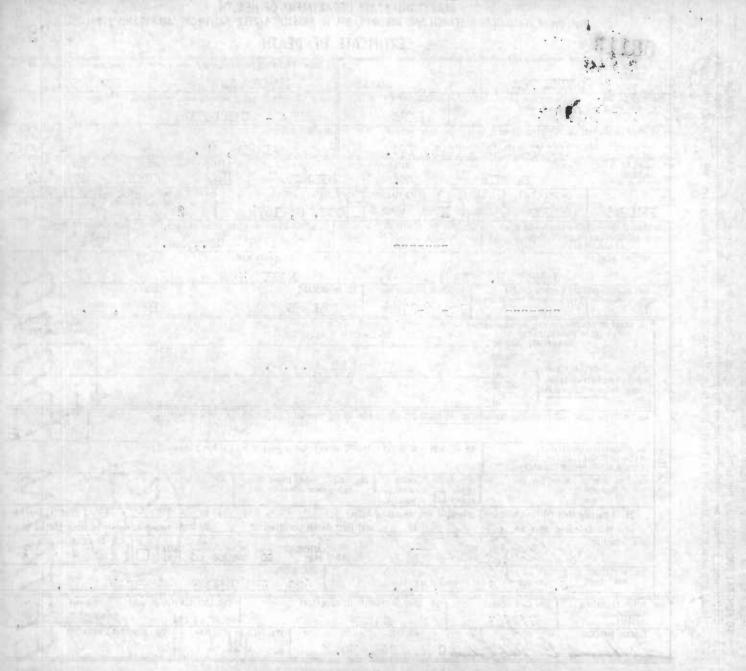
ADDRESS LU CAMBRIDGE, MD.

M.D.

PHYS 22d. ADDRESS

623 HIGH STREET

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester MARYLAND Maryland Dorchester b. CITY OR TOWN (If-outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Hours Cambridge Cambridge 三 8. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled Cambridge-Maryland Hospital NO TE YES Edlan Park executed within etely NAME OF First DATE Month Day Year Middle Lest DECEASED comple (Type or print) Marion Mohler DEATH 19 Dewey June 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF ONDER I YEAR last birthday) | Months | Days 5. SFX 8. DATE OF BIRTH IF UNDER 24 HRS. emove Hours WIDOWED [ DIVORCED [ Male White June attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) death certificate be COUNTRY? Salesman retired Mardella Springs, Md 13. FATHER'S NAME Trene Hopkins Charles Mohler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Edlon Park permit. (Yes, no, or unkown) | (If yes give war or dates of service) Mohler, Cambridge Md. Between Il-transit perm W.W. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the ONSET AND DEATH p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-tu burial, DUE TO Cenditions, if any, which (b) been gave rise to immediate r to DUE TO cause (a), stating the 0 underlying cause last. w as WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO T YES T 0 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of item 18.) this certified for the detached for the MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bidg., etc.) Hour a.m. While Not While After ATTENDING at work at work 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should filed with the and that death occurred a:15 MProm the causes and on the date stated above. saw the deceased alive on 22b. / DATE SIGN 22a. SIGNATURE ATTENDING PHYS. STAFF page M.D. DIRECTOR TO FUNERAL D director, pag PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 2 h (State) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF Burial Market FUNERAL DIRECTOR VR A15 (4) DATE 20M 1/65

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.  JIRECTOR: After this certificate has been signed by the attending physician and completely 3 3 should be detached for use as the burial-transit permit. Then please remove carbon set with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	(Yes, no, or unkown) (Hyes phie war or dates of service)	Jank. MH
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an. d by ransi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  UTCMIA	ONSET AND DEATH
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IAN: pital prifit of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PICUINO INC., CONSULTATION DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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TENI caine OR: houl	21. I certify that (I) (this hospital) attended the deceased from 5 13 , 19 6, to \( \text{lunce 10} \), 19 6 saw the deceased alive on \( \text{lunce 10} \), and that death occurred at \( \text{3.AM} \), from the causes and on the	that (I) (we) last e date stated above.
RECT 3 S. With	22a. SIGNATURE 22b. DA	TE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIA Page 4 may be retained by the hospi TO FUNERAL DIRECTOR: After this cer director, page 3 should be detached should be filed with the State Dept. of	22c. PHYSICIAN'S NAME (Type) CARLOS F. BARRUSO HARVER Md	
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	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYL <i>i</i>	AND 21201
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leath certificate be executed within 24 hornaling physician ond completely filled in mit. Then pleose remove carbon papers. or removol, and in any event, within 72 h	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X  MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 61 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
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IG PHY the ho or this detoch		PLACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	(Caunty) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-trar should be filed with the State Dept. of Health prior to buriol, crea	22a. SIGNATURE Cercedude	M.D. ATTENDING MED. STAFF  22d. ADDRESS	22b. DATE SIGNED 6/16/67
O HOSPIT Poge 4 md O FUNERA director, I should be	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City or Tow	
	Buria June 18, 1967 St. Stephen:  24. FUNERAL DIRECTOR  ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REC	GISTRAR'S SIGNATURE
VR A15 (4) . 20 M 1/66	HOLLOWAY & COMPANY, SALISBURY, MARYL	AND DATUN 20 1967 /	ianles Judge

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MA. FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF

2Sa. REC'D BY REGISTRAR DATE

23d. LOCATION (City or Jawn)

HAVE BUILD B Cambridge State of the Cambridge State of the Company of the Cambridge State of the Cambrid notice and a second control of participation Man to the Manual and the second of the seco and a supply and the supply of The Contract o The state of the s The second of th The day of the second of the s MARYLAND STATE DEPARTMENT OF HEALTH

4 TH 2 . . . Open he steel Tilley find Jones Charles the course of the West west there were the course England Shores Shite Nospital Ster D. Stern E KAT THE tenule courte x - 01-09-87 to authorian a aunitous Cieglinia Wash Cost CEORGE TRYLOR Miles Smith entrous - 232 48 Tasker Store State Sognification from

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY DORCHESTER physician and campletely filled in by the fulen please remove carban papers. Pages 1 aval, and iprany event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 haurs after MAR YT AND DORCHESTER CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) TITE CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS CAMBRIDGE MARYIA ND HOSPITAL. ROBBINS STREET YES NO 12 NAME OF First Middle Last 4. DATE Manth Day Year DECEASED (Type ar print) CHARLES EDWARD JUNE ROBINSON 1967 DEATH IF UNDER 1 YEAR 9. AGE (In years SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs MALE NEGRO WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? INDUSTRY DORCHESTER CO. ----13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN ROBINSON ELIZABETH the attending parties that the MARY CLASH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service) crematian, or 220-09-1898 MARY AGNES ROBINSON CAMBRIDGE. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Cardiac Decompensation IMMEDIATE CAUSE (a). Hypertensive Arteriosclerotic C.V.D. Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO DO YES [ far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (I) (this haspital) aftended the deceased fram April 24, 1967, ta June 21, 1967, that (I) (we) last saw the deceased alive an June 21, 1967, and that death accurred at \_\_\_\_\_\_M, fram causes and an the date stated abave. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. June 22. 1967 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett. M.D P. 0 623 High Street director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) ADDRESS 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2SQ. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 CAMBRIDGE, MD.

mesental result condition came to provide the rolling input to the later take to be select. CONTRACTOR OF THE STATE OF THE perfect that are not to be made the control of the 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester a. STATE Maryland Dorchester MARYI AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b entire life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 900 Maryland Ave.. 900 Maryland Ave., NO event, within executed within NAME OF Middle Last DATE Day DECEASED OF June 30, 1967 Mitchell Shorter (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days Oct.1.1897 Male Whi te WIDOWED | DIVORCED physician an please reval, and in = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired.
State Hospital Attendant, Retired death certificate be COUNTRY? Sewards. Dorchester 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse Shorter Bessie Willey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Maryland Ave (Yes, no, or unkown) (If yes give war or dates of service) Mrs.Ida May Shorter. Cambridge. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY for use Health PERFORMED? NO [ YES [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from . 19 . to and that death occurred above. 30 MAron the causes and on the date stated above. saw the deceased alive on\_ 22a. SIGNATURE 22b. DATE SIGNED B 8 page . STAFF M.D. DIRECTOR FUNERAL PHYSICIAN'S ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23a. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 2,1967 Lawn Cemetery Cambrid 20M 1/65

Mills aveldes .. ovic basirtas dos TABLE OF ADDITIONS IN TOUR J. Ferica E. V. PR. BODIE MED PER COMMERCE NO. winds July 2,1967 Grace Lawn Cometery Carly Jone, 14. Concession of chestar commercials and the

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

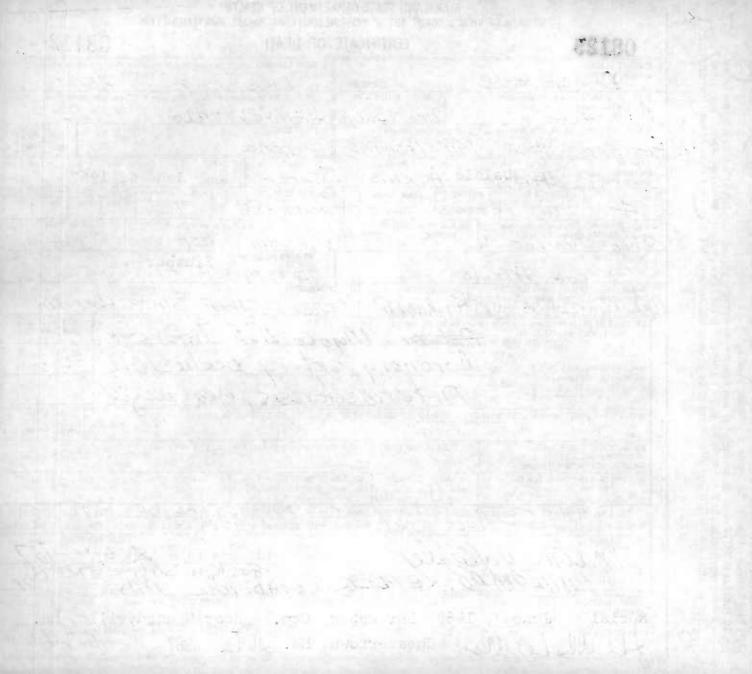
Female Negro w	ospital Middle DELLA S	o. STATE MAT  c. CITY OR TOWN (If ou Rhode  d. STREET ADDRESS  E	tside corporate limits, write RURA esdale – Rural R.F.D.	Dorchester L and give nearest town)  e. IS RESIDENCE ON A FARM?	
d. NAME OF HOSPITAL OR INSTITUTION (If not in Cambridge-Maryland H  NAME OF DECCASED (Type or print)  SEX 6. COLOR OR RACE 7. Female Negro W	hospitol, give street address) ospital  Middle DELLA S	d. STREET ADDRESS Lost	esdale - Rural	e. IS RESIDENCE ON A FARM?	
Cambridge-Maryland H  NAME OF DECCASED (Type or print)  SEX 6. COLOR OR RACE Female Negro  N	ospital Middle DELLA S	Lost		e. IS RESIDENCE ON A FARM?	
DECEASED (Type or print)  SEX 6. COLOR OR RACE 7. Female Negro W	DELLA S			YES 🔀 NO 🗌	
Female Negro w		INGLETARY	4. DATE Month OF DEATH June	1,	
	WIDOWED DIVORCED 1	B. DATE OF BIRTH March 19, 19	1 1 1 1 1 1 1	Months Doys Hours Min.	
o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOme		& Stote, or foreign country)  Co., Maryland	12. CITIZEN OF WHAT COUNTRY?	
Henry Stanley		14. MOTHER'S MAIDEN I	etta Thomas		
. WAS DECEASED EVER IN U.S. ARMED FORCES? es, po or unknown) (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO. 17. 17. 220 – 16 – 9357				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove nise to immediate cause (o), stating the underlying cause (o)  Lost. (c)  Conditions if ony, which gove nise to immediate cause (o), stating the underlying cause (c)  Conditions if ony, which gove nise to immediate cause (o), stating the underlying cause (c)  Conditions if ony, which gove nise to immediate cause (o).	Bilederal en bolis	Pulu.	nory	19. WAS AUTOPSY PERFORMED?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)					
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Doy, Yeor Hour'o.m. p.m.		tory, street, affice bldg., etc.		(County) (Stote)	
21. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) lass aw the deceased alive an19, and that death accurred atM, fram causes and an the date stated above					
22c. PHYSICIAN'S NAME (Type) B A LO . S	Iseliant M. Riechert	D. ATTENDING PHYS.  22d. ADDRESS	MED. STAFF DIRECTOR DPHYS. D	22b. DATE SIGNED 6-5-67	
DEMOVAL (Cassifu)	1967 Rhodesdale			n) (County) (Stote) dale, Maryland	
3	1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove nise to immediate cause (o), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTI  20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19  21. I certify that (I) (this haspite saw the deceased alive an  22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  3b. DATE THEREO June 10	IB. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove nise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour on. p.m. 19 20d. INJURY OCCURRED for otwork of work of wo	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Conditions, if ony, which gove inse to immediate cause (b), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of work of w	IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).	

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1 7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OS124 CERTIFICATE OF DEATH
amu 2 1 amu 2 6r death.	PLACE DF DEATH a. CDUNTY Dorchester  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi a. STATE Maryland b. COUNTY Dorchester
in by th s. Pages hours aft	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  c. LENGTH OF STAY IN 1b  L WOOKS  Madison
filled papers lin 72	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)  Cambridge-Maryland Hospital  d. STREET ADDRESS  Route 16 Rural  e. IS RESIDEN ON A FARM YES \( \subseteq \text{ND} \)
completely ve carbon évent, with	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Myrtle Snook Snook DEATH June 14,1967 19
and any	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 28. DATE OF BIRTH SEX DIVERCED Jan.1, 1886  9. ACE (In years if UNDER 1 YEAR IF UNDER 24H Hours MI) Months Days Hours MI
n please re	. USUAL OCCUPATION (Cive kind of work done in part of working life, even if retired)  Homemaker  FATHER'S NAME  10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY  11. BIRTHPLACE (County & State, or foreign country) Rutherford, Ontarie  14. MOTHER'S MAIDEN NAME
The	Lyman W. Snook Sarah E. Oliver  WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
the attending it permit. The nation, or rem	No (If yes give war or dates of service) 220-48-24/ Frederick S. Snook, Madison, Md.
Par Sur	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MYDCARDIAL INFARCTION  DNSET AND DEATH  IMMEDIATE  AND DEATH
nas been signed as the burial-tra prior to burial, cr	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b) ARTKRIOSCLEROTIC CARDIOVASCULAR DIESENSE  DUE TO  DIAGETES ARLLITUS
Health pri	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED YES NO [
pt. of H	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  DR CDNTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
olate De	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County)   (State, factory, street, office bidg., etc.)   20f. (City or town)   (State, factory, street, office bidg., etc.)   20f. (City or town)   20f. (County)   20f. (City or town)   20f. (County)   20f. (City or town)   20f. (City or town)
0	21. I certify that (1) this hospital) attended the deceased from 5-17, 1967, to 6-14, 1967, that (1) (we) I saw the deceased alive on 6-14, 1967, and that death occurred A. M. from the causes and on the date stated about 22a. SIGNATURE
filed	22c. PHYSICIAN'S IMMES F MECARTER   22d. ADDRESS
director, p	NAME (Type)  BY 386 CAMBRIDGE MARYLAND 216  BURIAL, CREMATIDN, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
M	Burial June 16.1967 Joppa Churchyard Madison Md.  FUNERAL DIRECTOR  ADDRESS  ADDRESS
4)	I excel ( Morres /1- Camo I Lago , Inc.   DATE III 27 1967 Charles July

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08112 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY an papers. Pages 1 within 72 haurs after RCHESTER MARYLAND. b. CITY OR TOWN (If autside corparate limits, (write RURAL and give nearest tawn) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) .⊑ NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS IS RESIDENCE filled SPITAL NO D YES NAME OF pg Middle DATE Day Year DECEASED aisie OF DEATH June 1967 camplete 19 (Type or print) ever S. SEX IF UNDER 24 HRS 9. AGE (In years IF LINDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last pirthday) Manths Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most af warking life, even if retired) INDUSTRY attending physician sermit. Then please and cuches 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Slusher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI Address (Yes, ng. or unknown) (If yes give war ar dates af service INKNOWN 219 56 8075 TATE crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospital ar attending physician. signed ! DUE TO burial, a Conditions, if any, which gave rise to immediate couse (a), DUF TO stating the underlying couse far use as the li Health priar ta b this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH g of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City ar town) (Caunty) (State) Haur a.m. Nat While factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased from 03 - 22 1967 to06 -04 196 /, that (1) (we) last be retained DIRECTOR: 1967, and that death accurred at 950M, from causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22d. O FUNERAL directar, pa shauld be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d COCATION (City or Town) 23b. DATE THEREOF BURIAL CREMATION (County) (State) 1967 Shrewsbury Cem. near Kennedyville, June ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Chestertown, Md 196



MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral funeral	Ne de		PLACE OF DEATH a. COUNTY Dorchest		MARYLAND	o. STATE Mary		UNIY Dorche	ester
by the funeral Pages 1 and nours after death			b. CITY OR TOWN (If outside carpo write RURAL and give neorest t Cambridge	rate limits, own)	c. LENGTH OF STAY IN 16	Cambr:	utside carporote limits, write R idge	JRAL and give neo	rest town)
d within 24 hc letely filled in arbon popers.			d. NAME OF HOSPITAL OR INSTITUTE 303 Maryland	ION (If not in hospitol, o	give street oddress)	d. STREET ADDRESS 303 Mar	yland Avenue		e IS RESIDENCE ON A FARM? YES NO X
		L	(Type or built)	ELIZABETH		RAVERS Lost	DEATR	June 16	167
d comp	any exent		Female White	WIDOWED		8. DATE OF BIRTH Dec. 27, 18	0 1	Months Day	s Hours Min
certifica ng physic Then ple moval, a		dur	USUAL OCCUPATION (Give kind af w ng most of working life, even if retire HOUSEWILE	rark dane 10b. Kl ed) 1A	ND OF BUSINESS OR OUSTRY TO ME	Cambridge	& Stote, or foreign country) , Maryland	12. CITIZEN COUNTR	OF WHAT
				ilbourne B		14. MOTHER'S MAIDEN Sallie	Mills		
		15. (Ye	WAS DECEASED EVER IN U.S. ARMED s.na, or unknown) (If yes give war	FORCES? ar dates af service)		. Herbert T	ravers, Cambr	ress idge, Mar	ryland
OR ATTENDING PHYSICIAN: The low e retained by the hospital or attendin RECTOR: After this certificote hos been 3 should be detoched for use as the d with the State Dept. of Health prior the state of t		18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED IMMEDIA  57  Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause	y ane cause per line far BY: TE CAUSE (a) DUE TO (b) DUE TO		Carcinoma o	f Pancreas		INTERVAL BETWEEN ONSET AND DEATH	
	ATION	PART II. OTHER SIGNIFICANT CONF	(c)	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO	
	MEDICAL CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN	HTA	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I ar Part II af item 18.)			
	MEDICA	2Dc. TIME OF INJURY Month, Day Haur a.m. p.m.	19 While at war	Nat While at work	ACE OF INJURY (Hame, farr tary, street, affice bldg., etc.	)	(Caunty)		
			his haspital) attende an 6-11-6	ded the deceased fram_ 19, and the	5-23-62 of death accurred at	19 ta 6-16- 4 A.M. fram causes			
		220. SIGNATURE	15/30	untar M	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE 510 6-19-		
SPITAL 4 moy NERAL tor, pag	(1)	-00	22c. PHYSICIAN'S NAME (Type) Albert			200 Md.A	ve., Cambridge	-	
TO HOSPITAL O Poge 4 moy b TO FUNERAL Di director, page	shou		Buria (Specify) Jun	pate thereof le 18, 1967		metery	23d. LOCATION (City or T Cambridge		and
VR A15 (4	15	1	FUNERAL DIRECTOR LeCompte Funera	1 Service.	Cambridge. Ma	ryland	26 1967	Clark Signal	udge

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VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

M	1.	PLACE OF DEATH				2. USUAL RESIDENCE		red, If Institution	n: Residence before	admission)
			rchester		MARYLAND	Ma	ryland	_ Do	rcheste	_
/	132	b. CITY OR TOW write RURAL	N (if outside corpor and give nearest to	ate limits, wn)	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If	outside corporate i	imits, write RU	RAL and give nea	rest town)
		Ce	umbridge		5 years	Car	mbridge		09.	/
1	113	d. NAME OF HO	SPITAL OR INSTITUT	ON (if not In I	hospital, give street address	d. STREET ADDRESS			e. IS F	RESIDENCE A FARM?
163			lge-Maryl			71	6 Race S		YES	NO 🔀
	3.	NAME OF DECEASED		irst	Middle	Last	4. DATE OF	Month		Year
	-	(Type or print)	Arth	ur	Randolph	Trigger	DEATHJun			-
					NEVER MARRIED	8. DATE OF BIRTH	last b	Irthday) Mont	DER 1 YEAR IF UNI	
	10a	ale	White ION (Give kind of wor	WIDOWED	DIVORCED DIVORCED KIND OF BUSINESS OR	Jan. 3, 192	2   45	yrs.	2. CITIZEN OF WE	IAT
	dur.	ing most of work	ing life, even if retir	ed) I	INDUSTRY				COUNTRY?	IAI
	Sh	FATHER'S NAM	cal Worke	r		Frederi	cksburg,	Va.	U.S.	
	10.									
	15	WASDECEASED	LMOS H. T	rigge	SOCIAL SECURITY NO.   17	INFORMANT	Shacklef	ord		
	(Ye	s, no, or unkown)	(If yes give war or dates	of service)					lia St.	,
		No				rs.Amanda	North, Ca	mbridg		
			DEATH LENTER ONLY O	٧.	line for (a), (b), and (c).]				ONSET AN	
			IMMEDIATE CAUS	(a)	MENNEC'S	CIRR HOSIS				
		5811		ТО ОТ					100	
		Conditions, If		(b)						
		cause (a), si	tating the DU	TO						
	N	underlying caus		(C)	UTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL D	ISEASE CONDITION A	CIVEN IN DADT 1	1(a)   19. WAS	AUTOPSY
1	FICATION	TAKT II. OTTEK	I GIGIF I CART CORDIT	ONSCONTRIB	OTHER TODEATH BOTHOT RE	DATED TO THE TERMINAED	ISEASE COMDITION	NIVER IN PART 2	PERF YES V	ORMED?
	TIFI	20a. ACCIDENT	WAS UNDERLYING DE NG CAUSE OF DE	20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Injury In Part I or	Part II of Item	18.)	
	CERTI	(IF EITHER, NO	TIFY MEDICAL EXAM	INER)					-	
	EDICAL	20c. TIME OF Hour a.r	NJURY Month, Day		500	ACE OF INJURY (Home, fatory, street, office bldg., et	rm, 20f. (City or	town)	(County)	(State)
	MED	p.r		at wor	Not While at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					ded the deceased from_	5-24-6711			9, that ①	
		saw the dec	ceased alive on	6-1-	67 19 , and th	at death occurred at	M, from the	causes and c	on the date stat	ed above.
		22a. SIGNATUI	3. F	100		ATTENDING -	MED STA	FF 22b.	DATE SIGNED	,
		22c. PHYSICIA		2 Carl	~ M	.D. PHYS. L	DIRECTOR PHY	s. L	6-2-67	
1		22c. PHYSICIA NAME (T)	S F. M	CARTE	R, M.D	30 × 386	CAMBRI	DGE P	1D. 2161	3
1	23a		olfu)		23c. NAME OF CEMETE		23d. LOCATION			(State)
K		Burian		3,1967			Cambri			
M	24.	FUNERAL DIRE	CTOR A OF	1	ADDRESS		'D BY REGISTRAR			
1	1	Luce	The the	vuere	Cambridge,	Md. DATEIN	9 1967	Miles	the free of	<b>See</b>
	-						A	48	4.7	

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08129	CERTI

IFICATE OF DEATH

08116

<u>_</u>	25		00100	OULLO
death	Megange M			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
ō	I and	1)	a. COUNTY	o. STATE (X) and (A med) b. COUNTY /)
- Fe	ges 1 after	<b>/</b> _	MARYLAND MARYLAND	Maryland Lucen Hone
ō	the fages		b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
urs	by # Pag		(umbeidoe) 11 days.	Crumpton 17.2
24 hours after	E SE		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
24	5 9 3	1/	5/ 5/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	ON A FARM?
.⊆	filled in 13		sastern . hore State Hospital	150 × 112 YES □ NO Ø
£	completely filled to the corbon property of event within 7/2 years within		NAME OF First Middle	Last 4. DATE Manth Doy Year
>	a p		(Type ar print) John Hackett Val	nsant DEATH 06 04 1967
tec	npl ver	S.		DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
50	ove y e			1-06-74 lost birthday) Manths Days Haurs Min.
be executed within	sicion and comple oleose remove co , and in ony even	10-		
be	i a		. USUAL OCCUPATION (Give kind af wark dane ing most of working life, even if zetired) INDUSTRY	11. BIRTHPLACE (County & State, ar fareign country)  12. CITIZEN OF WHAT COUNTRY?
	ion sos but		hilden Centeactor	Kent Co. Maxuland USA
<u> </u>		13.		4. MOTHER'S MAIDEN NAME
E	physicion nen pleose loval, and i		John N. Vaneust	Fail Clarks
9	ottending permit. The	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	ORMANT Address
+	ottendir permit. ion, or re		s, no, ar unknown) (If yes give war or dates of service)	1 31 31.1 11-11
de	n, o	111	28101011 215-14-5395 15as	tern share skite waspital
that the death certificate on.			18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
to .	by the ransit rremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alamonder	tee Heart Occasion ONSET AND DEATH
	by tran		4/200 DUE TO 0	A
requires g physici	signed burial-t		Conditions if any which was a	6. 10- and and
qui	signed burial- buriol,		rise to immediate rause (a)	mension
e le			stating the underlying cause DUE TO	man - a
ĕ jā	been s the ior to		last.	suscence
e l	SO	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
上。	use ho	CERTIFICATION	Prouning and Co	PERFORMED? YES TO NO TO
z °	certificate hed far us it. of Heolt	FIG		ter nature of injury in Part II of item 1B.)
S E	of the state of th	ERT	OR CONTRIBUTING  CAUSE OF DEATH	ter native at injury in rati t of rati ii at hem to.)
YSI osp	is cer tochec Dept. c		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIAN e hospital	toc Dep	MEDICAL		OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (Stote)
SE	ifter this ce be detoche State Dept.	ME	Haur a.m.  19 While Nat While of work of the strength of the s	, street, office bldg., etc.)
P S	fter be c State		21. I certify that (1) (this haspital) attended the deceased from 55-	-27 , 1967, to 06-04, 1967, that (1) (we) last
ed in	he he		saw the deceased alive on 66-04 1967, and that d	eath occurred at 8 4 M, fram couses and an the date stated above.
ATTENDIN etoined by	S shoul with th		22a. SIGNATURE	. I 22b. DATE SIGNED
ret	N S S			ATTENDING MED. STAFF
OR be	ed ed		M.D. Ceple M.D.	PHYS. DIRECTOR PHYS. D. C. T. C.
A	RAL DIE		NAME (Type) MI TOLL & VIII	22d ADDRESS EXSTELLY SHOLE ST. HOSP
E E	ER.		MILION O. KEPLEIL	Campage (N)
O HOSPITAL Poge 4 may	io Funeral Director. director, page 3 should be filed with th	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	MATORY 230 LOCATION (City or Town) (Caunty) (State)
O HO Poge	- in s	F	REMOVAL (Specify) Surial June, 7, 1967 Galena Cemeter	
7	= OK		EUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR	A15 (4) M 1/67			
25	m 1/0/		edward Lellows Millington,	7/0 HEN 7 1967 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	a (N)	7	08130			CERTIFI	CATE O	F DEATH			0	8117
after death	y the funeral Pages 1 and 3 urs after death	  -	L CITY OR TOWN (IS	rchester outside corporote limits	i, [c. Li	MARYL ENGTH OF STAY IN	AND	STATE  Acre  ITY OR TOWN (IF	land	b. COUN	Tal	bot /
24 haurs	papers. Pagin 72 hours	9	d. NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospitol, give str ng Home	5 years reet address)	d. S	rural STREET ADDRESS	Trapp	æ	, and a second	e. IS RESIDENCE ON A FARM? YES NO F
ed within	w killing		NAME OF DECEASED (Type or print)	DAJS	y V.	Middle UN 77.		Lost	4. DATE OF DEATH	-	24,	Day Year 19 67
execute	and comp remave in any eve	1	emale	6. COLOR OR RACE  white  Give kind of work done	7. MARRIED WIDOWED	DIVORCED  BUSINESS OR	- July	TE OF BIRTH  2, 188  BIRTHPLACE (Count	3 "	GE (In yeors ost outhou) yrs.		EAR IF UNDER 24 HRS.  Oys Hours Min.  EN OF WHAT
ficate be	sician olease and ii	du	ring most of working lift housewi . FATHER'S NAME	geven if retired)	INDUSTR		14.	Dorches MOTHER'S MAIDEN	ter, M		Egun.	
leath certi	ending nit. Th ar rem	1S (Y	William  WAS DECEASED EVER es, no, or unknown) (I	Sand IN U.S. ARMED FORCES? If yes give wor or dotes o	f service)	. SECURITY NO. 16-7399		,mma Fra MANT James S	0	Addre	Willi	s.St.
that th	signed by the burial-transit burial, cremat	NOILE	18. CAUSE OF DEA PART I. DEATH 331 X Conditions, if ony, v rise to immediate	couse (o),	se per line for (o), (b)  TO (b) 9 6	evebr	·Va	scular Ar	Acci	deni	<i>k</i>	INTERVAL BETWEEN ONSET AND DEATH
The law	s has been use as the lith priar ta		PART II. OTHER SIGN	3	(c) DNTRIBUTING TO DEA	NTH BUT NOT RELA	TED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN II	N PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e hospital o	certificate he hed far use it. af Health	IL CERTIFICATION	20o. ACCIDENT WAS U OR CONTRIBUTING C (IF EITHER, NOTIFY M	CAUSE OF DEATH				noture of injury in				
DING d by th	: After this cert Id be detached he State Dept. a	MEDICAL	Hour o.m. p.m. 21. I certify	Y Month, Doy, Yeor  19  that (I) (this haspesed alive on	20d. INJURY While at work  pital) attended t	Not While of work he deceased fi	foctory, st	INJURY (Home, far reet, office bldg., etc 123/62 th occurred a	c.) 19, ta_	ity or town)		y) (Stote) , that (I) (we) las date stoted obove
OR ATTENI	L DIRECTOR: age 3 should filed with th		22c. PHYSICIAN'S	aurence	Mary	and	M.D. A	TTENDING HYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED/67
ro Hospital Page 4 may b	AL po bo	73	NAME (Type)  O. BURIAL, CREMATION		ence Mary	anov NAME OF CEMET		Camb	ridge, I	Nd. ION (City or To	wn) (Ce	ounty) (Stote)
VR	A15 (4)		BENOVAL Specify)  4. FUNERAL DIRECTOR	6-27-6		anding 1	leck	2So. REC	nunal	Trappe	GISTRAR'S STO	Atom Md
25A	W 1/67	11	James 1	i kuro	recon	MAJ	TOW, N	(Q), DATE	017 6 3	DOI /		0

\$ 10 5 0 5 5. 5 more sent langue Bearing of the Committee of the Committe Fielu 2, 1003 - 12 Court of Colors - Surgenius .W June State State 3.3 (21)-16-739 Feb. Junes 5. Charles Country Townson, The Cerebro Vascular Accident / 422 generalized Arteriosslerosis 10 yes 20/11/2 20/20/h

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durited 6-27-67 Leading Veels

ment Farmen, Tellert Hal.

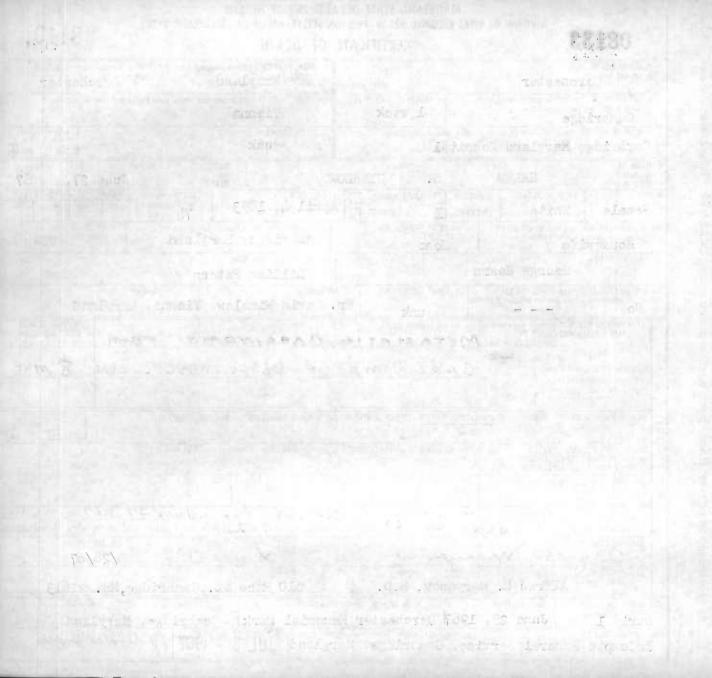
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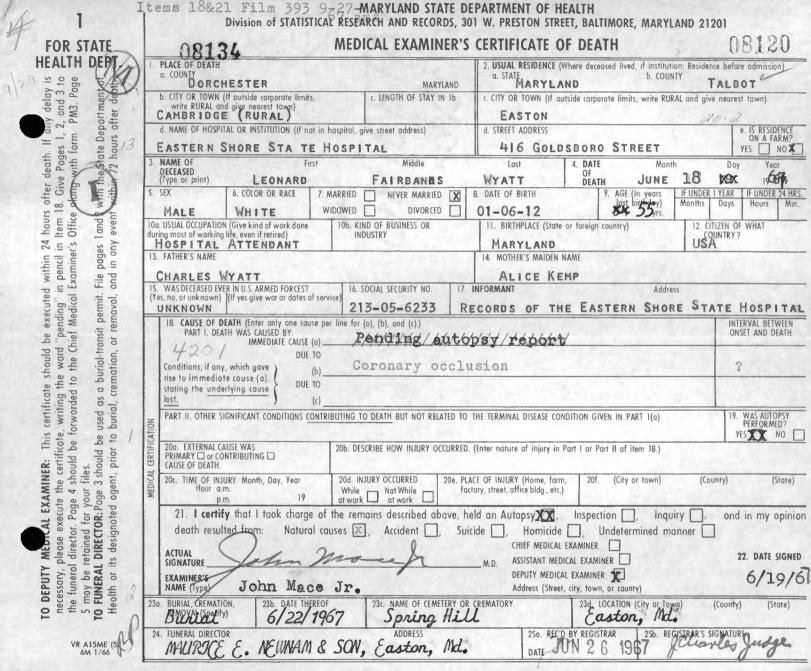
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b-CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p write RURAL and give nearest town) oon papers. Pag within 72 hours = dinAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO completely executed within carbon NAME OF Middle Last 4. DATE Month Day Year DECEASED event, (Type or print) DEATH 194 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Aast birthday) | Months | Days | Hours | Min. етоуе DAJE OF BURTH 8. 9. 7. MARRIED NEVER MARRIED any and WIDOWED X DIVORCED Ξ 10a, USUAL OCCUPATION (Give kind of work done 1/10b, KIND OF BUSINESS OR 12. SITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician be working life, even if retired) INDUSTRY and 0 certificate FATHER'S NAME removal, MOTHER'S MAIDEN NAME 14. attending ph 16. SOCIAL SECURITY NO. | 17 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address INFORMAN' permit. 6 (Yes, no, or unkown) (If yes give war or dates of service) burial-transit pern burial, cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. rom IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) After this certificate has been be detached for use as the broate Dept. of Health prior to b gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) STOR: After t Hour a.m. While Not While be retained by ATTENDING at work p.m. at work the 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: and that death occurred at 3 720 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENDING PHYS. DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY (State BURIAL, CREMATION. LOCATION (City, town or county) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 15M 4-64

08119

		rchester	F.K.	MA	RYLAND	2. USUAL RESIDENCE (Vo. STATE Mary	land	b. cou	INTY Do	rches	ter	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Cambridge  c. LENGTH OF STAY IN I					c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)  Vienna						
		al or institution (if not e Maryland				d. STREET ADDRESS unk					IS RESIDENCE ON A FARM? ES NO	
(	NAME OF DECEASED (Type or print)	Firs HELEN		S. Middle	INSLC	Lost	4. DATE OF DEATH	Mar	June		Year 19 67	
S. :	SEX Femele	6. COLOR OR RACE White	7, MARRIED [ WIDOWED [	NEVER MARRI DIVORC		April 4, 189	93	AGE (In years lost birthdoy) 74 yrs.	Manths Manths	Days Days	Haurs Mi	
10o. duri	USUAL OCCUPATION. Ing most af warking Housew	(Give kind af work done life even if retired)	IND.	D OF BUSINESS OR USTRY IOME		11. BIRTHPLACE (County Cambridge				ITIZEN OF OUNTRY?	WHAT USA	
13.	FATHER'S NAME	George He	arn			14. MOTHER'S MAIDEN NAME Lillian Peters						
15. (Ye:	WAS DECEASED EVE s, no, ar unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dotes of	f service) 16. SC	ocial security no.		INFORMANT  r. David Winslow, Vienna, Maryland						
	PART 1. DEA 153	EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (	(o) ME	, , , , , , , , , , , , , , , , , , , ,	TIC	CARCII	vom	AF	Rum		RVAL BETWEEN ET AND DEATH	
	rise to immediate stating the under	rlying cause DUE	(0)	REINOT	na	OF DES	CEND	ING C	COLUN	2	mos	
CATION	rise to immedion stating the under lost.	e couse (a), rlying cause	TO (c)			OF DES			COLUM	119.	WAS AUTOPSY PERFORMED?	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after the state of the state Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after the state of the s





a presume are proportionally and the property of the second secon Canal Tentralia? AND RED DETATE OF THE RESERVE BAT OF THE PART OF THE P ATL CORP. LICOL. Caston, M. Everyth 1979 Total Hill